

Employee Injury/Incident Report

State of Nebraska, Department of Administrative Service, Risk Management Division
Nebraska Workers' Compensation Act, Neb. Rev. Stat. §48-101 to §48-1,118

Employee Name: _____ Job Title: _____
Last, First, M.I.

Agency: _____ Location: _____

Date of Injury: _____ Time of Injury: _____ ☐ A.M. ☐ P.M.

Describe what happened/how you were injured, please write clearly and with detail.

What were you doing at the time of the incident/injury?

List part(s) of body that were injured. Be specific, i.e. left hand or right thumb.

Who did you report the incident/injury to? _____

When did you report the incident/injury? Give date, time, and explain any delay in reporting.

Name all Witnesses to the incident/injury: _____

Did you seek medical treatment? ☐ Yes ☐ No If yes, give date and time: _____

Doctor's Name/Facility Name: _____

Type of Treatment received: _____ Return Visit Date: _____

Have you injured this part of your body before? ☐ Yes ☐ No

If yes, please explain when, how and to what extent?

Employee Signature: _____ Date: _____